



Economic and Social Council

Distr.
LIMITED

E/ICEF/2000/P/L.4
5 November 1999
ENGLISH
ORIGINAL: FRENCH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 2000
31 January-4 February 2000
Item 8 of the provisional agenda*

For information

COUNTRY NOTE**

Burkina Faso

SUMMARY

The Executive Director presents the country note for Burkina Faso for a programme of cooperation for the period 2001 to 2005.

THE SITUATION OF CHILDREN AND WOMEN

1. Burkina Faso is a land-locked Sahelian country with an estimated population of 10.9 million inhabitants: 56 per cent aged 18 or under and 52 per cent women. The per capita gross national product is \$310, and Burkina Faso occupies 172nd place among the 174 countries in the Human Development Index, making it one of the world's poorest countries. The country's development has sharp regional disparities. Burkina Faso has ratified the Convention on the Rights of the Child, and its initial report recommended, amongst other things, that the international community should support the administration of juvenile justice and the establishment of a satisfactory system for the collection of data on the

* E/ICEF/2000/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2000.



situation of children. Burkina Faso has also ratified the Convention on the Elimination of All Forms of Discrimination against Women. A sustained annual economic growth rate of 3.8 per cent over the past six years, relative political stability, vigorous grass roots, and a political commitment to decentralization and the 20/20 initiative provide a favourable framework for the programme of cooperation.

2. Although the infant and infant/juvenile mortality rates declined considerably between 1976 and 1998, from 167 to 105 and from 360 to 219 per 1,000 live births respectively, the situation of children and women remains very precarious. Malaria, acute respiratory infections, diarrhoeal diseases and malnutrition (which affect 29 per cent of children aged five and under) account for 75 per cent of child pathologies. The HIV seropositive rate for the whole population is estimated at 7 per cent and is rising. Only a quarter of the population consumes exclusively potable water, and only 17 per cent have latrines. The drop in the vaccination cover (from 47 to 31 per cent between 1995 and 1998 for diphtheria, pertussis and tetanus) and the decline in the use of the health units (from 32 to 18 per cent between 1986 and 1995) testify to the dysfunction of the health system. Despite an overall increase of 11 per cent since 1990, including 10 per cent for girls, the gross school attendance rate remains very low at 40 per cent, especially among girls (33 per cent) and exhibits wide regional disparities. Formal pre-school education begins at age three but it is a reality for only 1.8 per cent of children and takes no account of the vision of the integrated development of the young child. In 1993, 31 per cent of female adolescents aged 15 to 19 already had a child or were pregnant for the first time. As a result of the combined effects of poverty, increasing urbanization, and the break-up of the family, the numbers of reported cases of child neglect and juvenile delinquency are rising in urban areas. In Ouagadougou 159 minors were in prison in 1994, compared with 11 in 1990, and 3,730 children were living in the streets of the capital in 1997, as against 2,250 in 1990. More than 50 per cent of children aged 10 to 14 work, mostly in the informal sector.

3. Women have little access to the management of economic resources and find it very difficult to save, invest or obtain loans. Their productivity, like their level of qualifications, is low; 88 per cent of women were illiterate in 1995. The maternal mortality rate is estimated at 566 deaths per 100,000 live births. The direct causes of these deaths are haemorrhage, puerperal infections and dystocia. According to a 1996 survey, more than 66 per cent of the country's women are circumcised.

LESSONS LEARNED FROM THE RECENT EXPERIENCE OF THE PROGRAMME

4. The mid-term review revealed a number of achievements. The maternal mortality rate fell by 17 per cent in 18 months as a result of the "emergency obstetrical care" project at the Fada regional hospital. The establishment of 185 satellite schools enabled 27,600 children to attend school, thus contributing to the 4 per cent increase in the total attendance rate (2 per cent for girls) between 1996 and 1998. The 1996 evaluation showed that pupils perform better in the satellite schools than in the traditional system. The reasons for this success are the use of national languages, geographical and

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cultural proximity, and community participation. Since 1997 a satellite school experiment at Bisongo has been operating a comprehensive project for children aged three to six. The water/sanitation programme established intersectoral collaboration with the education programme by drilling wells and building school latrines; this has helped to cut the incidence of dracunculiasis by 40 per cent in nine districts where it is endemic, but without eradicating it. The network of women community leaders has provided training for almost 53,000 women in health, nutrition, hygiene and women's rights. The battle against the practice of circumcision has been a keynote activity of the programme. Participation by children in the analysis of their problems was begun with the creation of a Children's Parliament. The multiple indicator cluster survey (MICS) carried out in 1996 proved a reliable evaluation tool and will be repeated in 2000.

5. The mid-term review also revealed the existence of over-ambitious goals poorly adapted to the country's situation and out of proportion with the available resources. Joint activities and greater intersectoral collaboration have been introduced in the country's poorest regions since 1996 in order to improve the impact and efficiency of the programmes. Operational support for health units has been introduced in the Fada and Tenkodogo regions. The quality of the teaching in the satellite schools has been improved with a view to the copying of this system in other regions. Following the recommendations of the Committee on the Rights of the Child, the conditions of the detention of minors in Ouagadougou prison have been improved.

PROPOSED COUNTRY PROGRAMME STRATEGY

6. The preparation of the programme of cooperation for 2001-2005 began in September 1998 with the conduct of the mid-term review, which was followed by an updating of the situation analysis using the rights and gender approaches. Most of the people and partners involved in the programme took part in the strategy meeting, which secured a consensus on the programme's future directions, within the framework of the National Development Plan and the UNICEF medium-term plan and Global Agenda.

7. The programme of cooperation will address the fight against poverty, the improvement of the living conditions of children and women, and the exercise of their rights. Between now and 2005 the programme will make the following contributions within the area of intervention: (a) improving the welfare and the chances of survival of children and women in Burkina Faso by cutting the infant/juvenile mortality rate by 20 per cent, maternal mortality by 20 per cent, and water- and environment-borne diseases; (b) enhancing the development of children and women by imparting essential knowledge and skills, in particular by increasing the gross school attendance rate of children aged seven to 14, including girls, and creating a favourable environment for the development of children aged eight and under and adolescents; and (c) supporting the efforts of the Government and civil society to develop a culture of law, implementing the rights of children, adolescents and women, and introducing specific social-protection measures for particularly disadvantaged groups.

8. The programme of cooperation will have a triple goal of consolidating or extending the achievements of past cooperation and making innovations in certain

priority areas, especially the fights against HIV/AIDS and malaria. It will have five main strategic axes: (a) delivery of services by improving the geographic and economic access of the recipients to good-quality basic services; (b) increased national capacity-building, in particular through decentralization, improved planning and monitoring and evaluation (by implementing an integrated monitoring and evaluation plan), and upgraded decentralized information and data-collection systems; (c) empowerment of participants by establishing innovative participatory approaches at the grass-roots level, and especially by involving children and adolescents in the analysis of their problems and the promotion of their rights; (d) advocacy and communication in support of the programme to ensure that the best interests of the child are taken into account in the reform of the social sectors and in the Education Sector Investment Programme and to mobilize the additional resources needed for implementing the programme of cooperation; and (e) strengthening the partnerships with institutions such as Save the Children Federation and creating new alliances with partners capable of relaying the UNICEF activities to the regions outside the programmes' basic area.

9. The programme will also be part of the new initiative for the preparation by 2000 of a common country assessment and the United Nations Development Assistance Framework (UNDAF), on the basis of the existing joint programming in health and education.

10. The 2001-2005 programme will include four sectoral and three cross-cutting programmes. In addition to supporting national activities, the programme will have a common priority area for the whole United Nations system, covering 11 provinces in the north and east of the country and 21 per cent of the population. This choice reflects a concern for equity and is justified by very low school attendance rates and social/health indicators and by a high poverty level. Selective support will however be maintained in some provinces outside this area. The intersectoral collaboration and joint activities will be based on the programme's entry points, which are basic education and protection of children. The strengthening of the decentralized State agencies, coordinated by the provincial planning offices, and the revitalization of the network of women community leaders will be initiated in two provinces in the priority area.

11. In the spirit of the Bamako Initiative, the health programme will help to improve the accessibility, use and quality of primary health care and emergency obstetrical care in three health regions in the priority area by delivering a minimum package of activities and revitalizing the health units and through grass-roots participation. At the national level the programme will support the expanded vaccination programme, the efforts to combat HIV/AIDS, especially transmission from mother to child, the promotion of micronutrients, and the improvement of the health information system.

12. In the priority area the basic education programme will help to improve the school attendance rate of children aged seven to 14, especially girls, increase the rate of cover of children aged three to six, and increase the enrolment of the 9-15 age group in the informal education schools from 1,200 to 5,000. The programme will stress the quality, efficiency and yield of basic education and the transition to the traditional system. The education of parents will

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facilitate implementation of an integrated and multisectoral approach which will enhance the development of children aged eight and under.

13. The water, sanitation and environment programme will help: (a) to upgrade the conditions of health, hygiene and access to drinking water for 60,000 families in the priority area; (b) to provide latrines and a drinking-water supply in 100 per cent of the satellite schools and informal schools, as well as latrines in 100 per cent of the public schools targeted by the programme; and (c) to halt the transmission of dracunculiasis by 2000 and eradicate it by 2005.

14. The programme on the legal and socio-economic protection of children and women will facilitate: (a) the application of national legal instruments offering assistance and protection for children, adolescents and women; and (b) the implementation of special protection measures for vulnerable groups such as disadvantaged women, minors in prison, street children, and orphans of parents dead of AIDS. The fight against the practice of circumcision will retain a priority place in the programme.

15. By implementing an integrated plan of support through communication the advocacy and communication programme will help to promote knowledge about and the application of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women and encourage changes in behaviour that will favour the survival, harmonious development and protection of children and women in Burkina Faso.

16. The social planning, monitoring and evaluation programme is designed to ensure the annual planning of the programme of cooperation and its regular monitoring and evaluation, as well as providing the documents on its implementation, to promote research in the key areas affecting children and women, to consolidate the decentralized information systems, to contribute to the preparations for emergencies, and to monitor the application of the Conventions.

17. The intersectoral support programme will contribute to the implementation of the programme of cooperation by meeting the intersectoral personnel and training costs.

BUDGET ESTIMATE

Estimate of the cost of the programme of cooperation, 2001-2005 a/
(in thousands of United States dollars)

	Other resources	Other resources	Total
Health	3 400	7 100	10 500
Basic education	2 980	7 150	10 130
Sanitation, drinking water and environment	3 000	2 050	5 050
Legal and socio-economic protection	3 300	1 800	5 100
Advocacy and communication	2 480	450	2 930
Social planning, monitoring and evaluation	2 000	450	2 450
Intersectoral support	1 980	-	1 980
Total	19 140	19 000	38 140

a/ These figures are indicative and subject to change once the aggregate figures are known.



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UNITED NATIONS CHILDREN'S FUND
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First regular session 2000
31 January-4 February 2000
Item 8 of the provisional agenda*

For information

COUNTRY NOTE**

Chad

SUMMARY

The Executive Director presents the country note for Chad for a programme of cooperation for the period 2001 to 2005.

THE SITUATION OF CHILDREN AND WOMEN

1. At the beginning of the 1990s, after 30 years of war, Chad initiated a pluralist and democratic process with the establishment of a constitutional regime. The Government ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women and it gradually increased the proportion of resources allocated to the social sectors (10 per cent in 1997). The recent adoption of an act regulating the use for the benefit of the social sectors of the resources expected to accrue from the extraction of oil, combined with the good prospects for debt reduction, ought to enable Chad to come close to the goals of the 20/20 initiative. Despite these positive developments, Chad still occupies 171st place among the

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174 countries on the Human Development Index. Its population, estimated at 7.5 million in 1999, continues to grow at the rapid rate of 3.1 per cent a year. More than 58 per cent of its citizens are aged under 18. The gross domestic product is small (an estimated \$173 per capita in 1997). Many families still live below the poverty line (54 per cent in 1996). Democracy remains fragile, and there are hotbeds of military tension in the north and south of the country.

2. An analysis of the situation shows that the rates of access to and use of basic services are low. According to the 1997 demographic and health survey, only 27 per cent of the population has access to clean drinking water, the rate of vaccination for diphtheria, pertussis and tetanus is 24 per cent, and the rate of use of oral rehydration salts is 29 per cent. Over 57 per cent of households live more than five kilometres away from a health centre. The high incidence of diseases such as diarrhoea, measles, acute respiratory infection and malaria, combined with a precarious nutritional situation (more than 40 per cent of under-fives have retarded growth) explain the declining but still high rates of infant mortality (103 per 1,000 live births in 1997, compared with 132 in 1993) and infant/juvenile mortality (194 per 1,000 in 1997, compared with 222 in 1993). Over 52 per cent of women marry young (before the age of 16). The maternal mortality rate is high (827 per 100,000 live births). Its causes are frequent, early, closely spaced and late pregnancies. The obstetrical services are limited and little used (24 per cent of births are attended by a qualified person). Genital mutilation remains a widespread practice. The incidence of HIV/AIDS, estimated at 4 per cent in 1998, is increasing rapidly.

3. Despite a sustained commitment on the part of parents, school attendance by the 6-14 age group remains low. In 1998 the gross attendance rate was 75 per cent for boys but only 40 per cent for girls. For girls, the repeat and drop-out rates were 29 and 25 per cent respectively. The reasons for this situation are the small number of schools, the traditions which impede school attendance by girls (who spend two to eight hours a day carrying water and collecting firewood), and the poor quality of the teaching. Less than 1 per cent of young children have access to a preschool programme, and 75 per cent of women are illiterate.

4. Advocacy was initiated with decision-makers and civil society following the ratification of the Convention on the Rights of the Child. It was accompanied by a programme for the reintegration of children requiring special protection and child soldiers. The first results are telling: the number of child soldiers fell from 3,000 to 1,000. However, the country's legislation is not strong enough to combat and prevent child labour. As a result of family break-ups and poverty, the number of street children (estimated at 15,000) has risen.

5. Despite its limited resources, especially qualified human resources, the Government is showing an increasing determination to improve the situation of children and women. On the occasion of the submission of Chad's initial report on the implementation of the Convention on the Rights of the Child, the Committee welcomed the Government's objectivity and noted the establishment of an operational monitoring machinery and of the Children's Parliament. It also drew attention to the defects of the national coordination arrangements for

activities to benefit children and the lack of means of monitoring their situation.

LESSONS DRAWN FROM THE RECENT EXPERIENCE OF THE PROGRAMME

6. The mid-term review revealed the significant results achieved by the programme. Although at the national level the vaccination rate was only 24 per cent, it rose from 20 to 50 per cent in the areas covered by the programme. The consumption of iodized salt reached 55 per cent. The number of cases of dracunculiasis fell from 1,231 to three between 1994 and 1998. The programme contributed to the formulation of national policies in informal basic education, communication, and grass-roots participation. It helped to establish 14 juvenile chambers in the courts. In the priority intervention area the gross school attendance rate for girls rose from 46 to 53 per cent. The programme enabled 8,400 women to learn to read and write, provided for the drinking water needs of 108,500 persons, and secured the family reintegration of 1,200 children requiring special protection. The creation in 10 subprefectures of multisectoral technical teams responsible for the formulation and implementation of development plans helped to make the decentralization strategy effective and demonstrated the efficiency of decentralized and participatory activities.

7. These results were due to a partnership with the development agencies and to the coherence of the chosen strategies. For the 2000-2005 country programme the review therefore recommended strengthening the decentralization and community-empowerment strategies, systematizing the multisectoral approach by targeting the biggest villages, retaining the principle of better access to good-quality essential social services, and consolidating the activities which made women leading partners in the programme.

8. The review also showed that the framework operational plan was too ambitious, that the recurrence of epidemics and natural disasters were impeding the conduct of the activities, and that the weak implementation capacity of the national agencies was delaying the development of the programme's innovative approaches.

STRATEGIES PROPOSED FOR THE COUNTRY PROGRAMME

9. The formulation of the new programme was coordinated by the Planning Ministry in conjunction with the other ministries, the United Nations agencies, and the other development partners. It was guided by: (a) the new guidelines contained in the Outline National Plan 1998-2005, which focused on the fight against poverty; (b) the National Declaration on policies for integrating women in development; (c) the two Conventions; (d) the UNICEF medium-term plan and Global Agenda; (e) the policy of reducing the gap between the needs of the poorest families and the supply of services; and (f) the search for increasing complementarity with the other donors and sister agencies, especially within the framework of the reform of the United Nations system (preparation of the common country assessment, harmonization of programming cycles, and formulation of the United Nations Development Assistance Framework.

10. By working for the recognition and exercise of the rights of children and women the country programme will help to achieve the national goals for the survival, protection, development and participation of children: (a) reduction of the infant mortality rate from 103 to 82 per 1,000 live births; (b) reduction of the infant/juvenile mortality rate from 194 to 145 per 1,000 live births; (c) reduction of the maternal mortality rate from 827 to 662 per 100,000 live births; (d) guaranteed access to good-quality basic education for 80,000 children, adolescents and women; and (e) promotion of the implementation of and respect for the two Conventions.

11. These goals will be achieved by implementing the following strategies: (a) advocacy of the exercise of the rights of children, adolescents and women; (b) improved access to good-quality essential services, with targeting of the poorest families; (c) institution-building (the State, NGOs, and civil society); (d) grass-roots empowerment, particularly for women; (e) integration of the sectoral programmes in such fields as hygiene, early childhood, nutrition, and HIV/AIDS; and (f) collaboration with the development partners, United Nations agencies, the World Bank, the European Union, bilateral donors, and NGOs.

12. The country programme will be of national scope for the capacity-building and advocacy activities and will target a priority intervention area consisting of 10 subprefectures and five towns with a total of 2.3 million inhabitants (29 per cent of the population) for the activities connected with decentralization, empowerment of families, and improved access to a package of basic services. The choice of zones is based on the following criteria: continuation of the approach initiated in the 1996-2000 cooperation cycle; and extension of the activities to people not covered in the priority zones. The country programme has three sectoral and three cross-cutting programmes.

13. The health and nutrition programme will help to increase the availability of and access to good-quality primary health care for 1.4 million people and to improve knowledge and behaviour with regard to health and hygiene. At the national level it will support the efforts to combat and prevent the main avoidable childhood diseases and help to eradicate poliomyelitis and reduce the incidence of problems connected with micronutrient deficiencies. It will support the national reproductive health strategy with respect to the fight against maternal mortality, communication for health, and grass-roots participation, as well as helping to combat HIV/AIDS in young people and reduce its transmission from mother to child. In the priority intervention zones it will address the continued effort to revitalize services and upgrade their quality, the introduction of the integrated approach to the care of sick children, and the reduction of malnutrition.

14. The basic health and early childhood programme will intervene in the priority area and thus contribute to the attainment of the national objectives. It will aim to: (a) increase the gross school attendance rate from 65 to 80 per cent and reduce the gap between boys and girls; (b) cut the illiteracy rate from 65 to 55 per cent; (c) improve the quality of teaching; and (d) improve the survival, protection and development of 20 per cent of the children aged eight and under by facilitating the incorporation of health, nutrition, protection and education activities in a system of community training. The programme's main axes will be the education of women and girls,

the education of parents, and the promotion of the intersectoral approach, with the participation of associations of parents and families.

15. The water, sanitation and hygiene programme will intervene in the priority action area in order to: (a) reduce the incidence of diseases connected with water and sanitation; and (b) reduce the daily work time spent by women and girls carrying water and collecting firewood. To this end the programme will use lower-cost techniques to supply water to 280,000 persons and promote improved latrines and reforestation activities. The schools will be one of the priority channels for disseminating knowledge about hygiene. The programme will also contribute to the completion of the process of eradicating dracunculiasis.

16. The programme on decentralization and monitoring of vulnerable groups is the locomotive of the programme of cooperation. It is the guarantee of long-term UNICEF support and the foundation of the intersectoral approach. It is designed to: (a) support the implementation of the national policy of decentralization and grass-roots empowerment in the priority intervention area; (b) contribute to national capacity-building for the formulation of social policy; (c) develop machinery for monitoring the situation of children and women on the basis of the integrated monitoring and evaluation plan; and (d) support the grass-roots initiatives and the national efforts to reintegrate vulnerable groups needing special protection.

17. The advocacy and social mobilization programme is intended to: (a) promote knowledge about and implementation of the Conventions; and (b) contribute to the implementation of the national policy of communication for development. By means of an integrated social mobilization plan it will encourage the adoption of appropriate behaviour for the survival, protection and development of children and will support the communication and social mobilization strategies of the sectoral programmes. Its implementation will rely on the use of rural radio at the national level and on the multisectoral technical teams and village leadership cells.

18. The intersectoral support programme will be responsible for part of the staff and operating costs. It will develop management procedures and machinery to deal with the inherent difficulties of Chad's landlocked situation and a strategy for mobilizing additional resources.

BUDGET ESTIMATE

Budget estimate for the programme of cooperation, 2001-2005 a/
(in thousands of United States dollars)

	Regular resources	Regular resources	Total
Health and nutrition	2 270	4 400	6 670
Basic education and early childhood	2 810	3 100	5 910
Water, sanitation and hygiene	1 470	2 600	4 070
Decentralization and monitoring of vulnerable groups	2 520	2 600	5 120
Advocacy and social mobilization	1 740	850	2 590
Intersectoral support	1 394	400	1 794
Total	12 204	13 950	26 154

a/ These figures are indicative and subject to change once the aggregate figures are known.

**Economic and Social Council**

Distr.: Limited
4 November 1999

Original: English

United Nations Children's Fund

Executive Board

First regular session 2000

31 January-4 February 2000

Item 8 of the provisional agenda*

For information

Country note****Ghana***Summary*

The Executive Director presents the country note for Ghana for a programme of cooperation for the period 2001 to 2005.

The situation of children and women

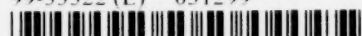
1. Ghana has a population of 19 million, 31 per cent of whom live below the poverty line. The gross national product is \$390 per capita. The economy grew between 3 and 5 per cent annually over the last decade, while population grew 2.7 per cent per year. Ghana has ratified both the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. A major achievement that further demonstrates Ghana's political will and commitment to the promotion of children's rights and the implementation of the recommendations of the Committee on the Rights of

the Child was the enactment of the Children's Bill and the Criminal Code Amendment Bill in 1998.

2. The infant mortality rate (IMR) and under-five mortality rate (U5MR) have steadily declined, from 82 and 132 per 1,000 live births in 1992, to 56 and 107 in 1998, bringing Ghana close to reaching its decade goals of 50 and 100 per 1,000 live births. Regional disparities between the north and south of the country, partly due to poverty and to lack of, and poor access to, services, are a cause for concern. In northern Ghana, IMR is twice as high and U5MR three times as high as in the capital region. Maternal mortality rates remain high, particularly in the north, ranging from 214 to 800 per 100,000 live births. Female genital mutilation and early marriage are common in several parts of the country. Child nutritional status has not improved, with 25 per cent of all children under five classified as underweight. Immunization coverage has steadily increased, and in 1998, 67 per cent of children received three doses of combined

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diphtheria/pertussis/tetanus vaccine. The goal of polio eradication is vigorously pursued, with National Immunization Days coverage reaching 98 per cent. Malaria, acute respiratory infections, diarrhoea, malnutrition and measles remain the five leading killer diseases of children. While vitamin A supplementation has reached 90 per cent of children under five, only 22 per cent of households consume iodized salt. Iron deficiency is a serious problem, and 81 per cent of pre-school-age children have a low haemoglobin level. Ghana remains among the countries with the highest levels of dracunculiasis — 4,000 to 9,000 cases per year since 1994. National HIV prevalence is growing at an accelerated rate, reaching 4.6 per cent in June 1999. Women accounted for 60 per cent of the 29,546 cases of AIDS reported before 1998.

3. The gross primary enrolment rate declined slightly between 1990 and 1997, from 79 to 76 per cent. While the three best performing regions have a gross enrolment rate of about 90 per cent, the rate is below 60 per cent in the three northern regions. Gender disparities in enrolment and completion are also greatest in the north. In 1997, only 6 per cent of children in public primary schools attained above mastery level in English, and 3 per cent in mathematics, in the Criterion-Referenced Tests. The main causes for the decline in enrolment are poverty and the direct and indirect costs of education, the 1994-1995 ethnic conflict in the north, and disenchantment about formal education as a means to employment. The poor quality of education is attributed to inadequate supervision of teachers and insufficient teaching and learning materials. With the increasing rate of urbanization and the breakdown of the family, there are more children migrating to the streets in urban centres.

Lessons learned from past cooperation

4. The 1998 mid-term review highlighted the need for improvement in the areas of integrated planning and implementation among the different programmes, and of cost-effectiveness through more clearly focused activities. Accordingly, the programme was consolidated and targeted towards regions and populations in greatest need. At the national level, the programme has contributed to keeping children high on the policy agenda and supporting health and education reforms through sector-wide approaches (SWAPS). Community-based development processes were strengthened in two northern regions through promotion of participatory assessment, analysis and action in 130 communities. This two-pronged approach has positioned

UNICEF to contribute effectively to policy development and priority setting at the national level, while achieving immediate results for children and women in deprived communities.

5. Using participatory learning and action — a systematic research method that involves communities, teachers, children and district officials in identifying, analysing and solving their problems — all 11 communities targeted by the Child-School-Community Project (CHILDSCOPE) achieved near 100 per cent enrolment of boys and girls. CHILDSCOPE schools ranked among the top in the district in English and mathematics achievement in 1998. According to a 1998 United States Agency for International Development-UNICEF evaluation, CHILDSCOPE proved to be an effective model in improving rural primary education by empowering communities to take positive action.

Proposed country programme strategy

6. The strategic framework of the programme of cooperation for 2001-2005 is founded on the universal realization of children's and women's rights. It operates within the national development policy framework (Ghana Vision 2020) and contributes to government efforts to alleviate poverty. The development of the strategy was preceded by the Common Country Assessment and a situation analysis. Building on experiences and lessons learned, it re-examines priorities and puts in place proven strategies to contribute to the accomplishment of the national programme of action and the goals of the World Summit for Children. The proposed programme takes full advantage of the enhanced policy environment resulting from sectoral reforms and SWAPs in health and education, and operates within the United Nations Development Assistance Framework (UNDAF). The strategy was developed in collaboration with the Government and other development partners, including non-governmental organizations (NGOs).

7. The goal of the country programme is to contribute to the achievement of the national goals of survival, development, participation and protection of children and women in Ghana. The overall objectives, which also reflect UNICEF global priorities under the medium-term plan and emerging Global Agenda for Children, are: (a) to contribute to maternal well-being and early childhood care for survival, growth and development, in order to increase the number of children who are physically and mentally healthy, socially alert and able to learn when they reach the age of six; (b) to contribute to sector-wide efforts in providing equitable

access of all children to quality basic education; and (c) to support children in need of special protection, especially vulnerable adolescents.

8. A combination of the three main country programme strategies — advocacy, capacity-building and service delivery — will be reflected in the design of projects and activities to ensure effectiveness and sustainability. Active participation in national policy development will be continued through support to sectoral reforms. Improved vertical integration will be sought by providing information on experiences and lessons learned from implementation at decentralized levels to national policy makers, and by encouraging adoption and expansion of best practices. Focus will be placed on the disadvantaged population in the northern regions, through the strengthening of the integrated community-based development (ICBD) approach. In addition, the programme will target children at risk, with an emphasis on adolescents. Gender concerns will be mainstreamed throughout the country programme, with a focus on activities to empower girls and women. Building on increasing collaboration through SWAPs, UNDAF and theme-based alliance-building, the programme will strengthen partnerships and alliances. HIV/AIDS prevention and management will be mainstreamed into the programme, with such components as policy development and advocacy, reproductive health interventions and youth peer education.

9. The country programme will comprise five components: rights promotion and protection; ICBD; health; nutrition; and education. The first two are cross-sectoral, while the remaining three are sectoral in nature. A programme support component will support the five focus areas through social mobilization and advocacy; and planning, monitoring and evaluation.

10. The objectives of the *rights promotion and protection* component are to: (a) raise awareness of and promote the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; and (b) advocate for and support children in need of special protection. At the national level, the programme will play a catalytic role in strengthening partnerships in the promotion and implementation of children's and women's rights. It will coordinate activities in advocacy, research, improved data collection and capacity-building. Services for specific groups of children in need of special protection, such as children living and working on the street, children at high risk of sexually transmitted diseases and HIV/AIDS and children subjected to various forms of exploitation and harmful traditional practices, will be provided.

11. The *ICBD* component seeks to: (a) strengthen the capacity of selected communities to assess the situation of children, analyse causes and take appropriate action towards improved child survival, development and protection; (b) strengthen the capacity of focus district assemblies, extension staff and NGOs to assess, analyse, plan, monitor and take appropriate action to enhance child survival, protection and development; and (c) ensure the delivery of basic services to target communities.

12. The *health* component will contribute to the national health goals of reducing infant and under-five morbidity and mortality, maternal mortality and childhood disability, with emphasis on the promotion of an integrated management of childhood illness (IMCI) initiative; childhood immunization; exclusive breastfeeding and maternal health; the eradication of dracunculiasis and polio; and elimination of maternal and neonatal tetanus. It will also support the implementation of a community-based minimum health package, including malaria control and reduction in the incidence of water- and excreta-related diseases in the focus districts. UNICEF will provide technical assistance to the consultative processes in health sector reforms, including the development of a long-term health strategy and performance monitoring of the new sector-wide approach to health.

13. The *nutrition* component will contribute to: (a) the reduction of malnutrition in children under five and the improvement of maternal nutrition, focusing on selected districts in the northern part of the country, while maintaining an advocacy role at the national level; (b) the virtual elimination of iodine deficiency disorders and vitamin A deficiency, and reduction of iron deficiency anaemia in children and pregnant women; and (c) household food security in target communities through partnerships with community-based organizations, NGOs and other development partners.

14. Objectives in the area of *education* are to: (a) strengthen government capacity to plan, implement, monitor and evaluate sector activities, with an emphasis on gender issues, curriculum development, early childhood care for survival, growth and development, and community participation in education; (b) improve enrolment, attendance and completion rates (particularly for girls) and the quality of primary education in focus districts; and (c) establish and expand family/community-centred approaches to early childhood development, including psychosocial and intellectual stimulation of children under the age of eight in focus districts.

15. Under the *programme support* area, a strategy for resource mobilization will be further elaborated. The country

office will strengthen existing partnerships with several bilateral donors and National Committees for UNICEF, especially in the health sector, and establish theme-based alliances to reach new partners. An integrated monitoring and evaluation plan will be developed, with emphasis on studies and evaluations in areas to enable improvement in project design and delivery. Data and information collected will also be used for more effective advocacy, social

mobilization and communication in support of behavioural changes in all programmes. Multisectoral teams will be established within the country office to correspond to the following cross-cutting components within the country programme: early childhood care for survival, growth and development; ICBD; and adolescents at risk and HIV/AIDS.

Estimated programme budget

Estimated programme cooperation, 2001-2005^a

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Rights promotion and protection	1 500	5 800	7 300
Integrated community-based development	1 300	1 500	2 800
Health	5 000	25 100	30 100
Nutrition	1 700	4 000	5 700
Education	4 500	5 000	9 500
Programme support	3 165	1 435	4 600
Total	17 165	42 835	60 000

^a These are indicative figures only which are subject to change once aggregate financial data are finalized.